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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, DC 20460

Form Approved.

OMB No. 2040-0004 MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR) Reason(s) for Submission (Check all that apply): Submitting monitoring data (Fill in all Sections). Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F). Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4). Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4). Reporting that no further pollutant reductions are achievable for all outffalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F). A. Permit Tracking Number: MAR05DB45 Note: Read instructions before completing this Form. **B. Facility Information** 1. Facility Name: Amherst Oakham Auto Recycling 2. Facility Location: 358 Coldbrook Road a. Street: Oakham b. City: c. State: MA d. Zip Code: 0 1 0 6 8 -3. Additional Facility Information (Optional): Goldon B. Pallley Contact Name: Email: parts@amherstoakhamauto.lc 508-882-5241 Phone: 4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F) Prepared by: Richard Lavengood RELCO Englineerling Organization: rellave@verlizon...nelt Email: 4 13 - 5 3 8 - 5 2 7 7 Phone: C. Discharge Information Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data: 1. Identify monitoring period: Quarter 1 (April 1 - June 30) Quarter 1: From To 0|9|/|3|0| Quarter 2 (July 1 – September 30) Quarter 2: From Quarter 3 (October 1 – December 31) Quarter 3: From Q2 7/1 - 9/30 Q3 /6// - /2/3/ Quarter 4 (January 1 – March 31) Quarter 4: From 2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? Yes (Complete line item 2/a.) No (Skip to Section D) 2a. What is the hardness level of the receiving water? -Q4 111 - 3/51 25 mg/L D. Outfall Information -> Since there areblank 1. How many outfall(s) are identified in your SWPPP? 2. Do any of your outfalls discharge substantially identical effluents? Tyes 🛮 NO If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below. 3.A. Monitored Outfall Name* 3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)] 3.C. No Discharge? Outfall #1 \Box Reference attachment if additional space needed to complete the table.

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E. Monitoring Information	on					Note: Make	Note: Make additional copies of this form as necessary.	rm as necessary.
1. Permit Tracking Number:	e: MAROSDB45	5						
2. Nature of Discharge:	2. Nature of Discharge: 🗹 Rainfall (Complete line items 2.a., 2.b., & 2.c.)	ms 2.a., 2.b., & 2.c.) 🔲 Snowmelt	-					
2.a. Duration of the rainfall event (hours):	all event (hours):	2.b. Rainfall amount (inches):	4	2.c. Time s	ince previous measur	2.c. Time since previous measurable storm event (days):		
3.a. Outfall Name	3.b. Monitoring Type (QBM, ELG, S/T, I, O)*	3.c. Parameter	3.d. Quality or Concentration	3.e. Units	3.f. Results Description	ion 3.g. Collection Date	3.h. Exceedance due to natural background pollutant levels	3.i. No further pollutant reductions achievable?
Outfall # 1	QBM	Aluminum	0.075	mg/L		9/11/09		
Outfall # 1	QBM	Iron	1.2	mg/L		9/11/09		
Outfall # 1	QBM	Lead	nd	mg/L	0.0050	9/11/09		
Outfall # 1	QBM	Total Suspended Solids	nd.	mg/L	5.0	9/11/09		
								0
								-
* (QBM) - Quarterly benc	chmark monitoring; (ELG) - A	(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (SIT) - State- or Tribal-specific monitoring;	nonitoring; (S/T) - Sta	ite- or Triba		(I) - Impaired waters monitoring; (O) -Other monitoring as required by EPA	O) -Other monitoring as requ	ired by EPA
4. Comment and/or Expl	anation of Any Violations (Re	4. Comment and/or Explanation of Any Violations (Reference all attachments here)						
F. Certification								
Gordon B. Palley		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware	s document and all at accordance with a sy hered and evaluated r persons who manat ering the information, belief, true, accurate,	tachments /stern desig /stern desig the informa ge the syste ge the information	were prepared ned to assure tion submitted. hm, or those stion submitted etc. I am aware			10/9/09
Typed or Printed Name/ Officer or Au	or Printed Name/Title of Principal Executive Officer or Authorized Agent	that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	r submitting false info	ormation, in		Signature of Principal Executive Officer or Authorized Agent	Officer or Authorized Agent	Date
Email of Principal Execut	Email of Principal Executive Officer or Authorized Agent:	ent:				F IRC	7 6 Can we	us B. 3de